

Clear Form

UNITED STATES DISTRICT COURT NORTHERN DISTRICT OF CALIFORNIA CAND 435 (CAND Rev. 02/2015)				TRANSCRIPT ORDER Please use one form per court reporter. CJA counsel please use Form CJA24 Please read instructions on next page.				COURT USE ONLY DUE DATE:									
1a. CONTACT PERSON FOR THIS ORDER Matthew Strout				2a. CONTACT PHONE NUMBER (267) 207-2920		3. CONTACT EMAIL ADDRESS mstrout@axgolaw.com											
1b. ATTORNEY NAME (if different) Marc A. Goldich				2b. ATTORNEY PHONE NUMBER (267) 207-2920		3. ATTORNEY EMAIL ADDRESS mgoldich@axgolaw.com											
4. MAILING ADDRESS (INCLUDE LAW FIRM NAME, IF APPLICABLE) Axler Goldich LLC 1650 Market St., Suite 3600 Philadelphia, PA 19103				5. CASE NAME In re Seagate Technology LLC Litigation		6. CASE NUMBER 3:16-cv-00523											
7. COURT REPORTER NAME (FOR FTR, LEAVE BLANK AND CHECK BOX) → <input type="checkbox"/> FTR Georgina Galvan Colin				8. THIS TRANSCRIPT ORDER IS FOR: <input type="checkbox"/> APPEAL <input type="checkbox"/> CRIMINAL <input type="checkbox"/> In forma pauperis (NOTE: Court order for transcripts must be attached) <input checked="" type="checkbox"/> NON-APPEAL <input checked="" type="checkbox"/> CIVIL CJA: Do not use this form; use Form CJA24.													
9. TRANSCRIPT(S) REQUESTED (Specify portion(s) and date(s) of proceeding(s) for which transcript is requested), format(s) & quantity and delivery type:																	
a. HEARING(S) (OR PORTIONS OF HEARINGS)			b. SELECT FORMAT(S) (NOTE: ECF access is included with purchase of PDF, text, paper or condensed.)				c. DELIVERY TYPE (Choose one per line)										
DATE	JUDGE (initials)	TYPE (e.g. CMC)	PORTION If requesting less than full hearing, specify portion (e.g. witness or time)	PDF (email)	TEXT/ASCII (email)	PAPER	CONDENSED (email)	ECF ACCESS (web)	ORDINARY (30-day)	14-Day	EXPEDITED (7-day)	DAILY (Next day)	HOURLY (2 hrs)	REALTIME			
10/07/2016	RMW	Motion	Full hearing	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>			
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10. ADDITIONAL COMMENTS, INSTRUCTIONS, QUESTIONS, ETC:																	
ORDER & CERTIFICATION (11. & 12.) By signing below, I certify that I will pay all charges (deposit plus additional).										12. DATE							
11. SIGNATURE /s/ Marc A. Goldich										11/30/2016							
DISTRIBUTION:										<input type="checkbox"/> COURT COPY		<input type="checkbox"/> TRANSCRIPTION COPY		<input type="checkbox"/> ORDER RECEIPT		<input type="checkbox"/> ORDER COPY	